

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	MOUSE DISEASE MODEL FOR EVALUATION OF PROPHYLACTIC AND THERAPEUTIC TREATMENTS OF CHLAMYDIA
Attorney Docket Number::	35721/265190
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity::	Yes
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bernhard Kaltenboeck  
Family Name:: Kaltenboeck  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence:: US  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jin Huang  
Family Name:: Huang  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence:: US  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

**Correspondence Information**

Correspondence Customer Number:: 00826

**Representative Information**

Representative Customer Number:: 00826

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Provisional Filing Date::
This Application		60/401,070	August 5, 2002

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
			YES
			YES

**Assignee Information**

Assignee name:: Auburn University  
Street of mailing address:: 309 Samford Hall  
City of mailing address:: Auburn  
State or Province of mailing address:: AL  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 36849

(If there is more than one assignee, repeat information for each one.)

RTA01/2140497v1